



HEALTH CARE PROGRAM FOR CHILD CARE CENTERS

State Form 45877 (R3 / 10-02) / BCD 0054

IF THIS IS A PROPOSED (*NEW SITE OR NEW OWNER*) FACILITY, YOU MUST SUBMIT AN APPLICATION FOR LICENSURE PRIOR TO SUBMITTING THIS PROGRAM.

Instruction for completion: Health Programs

Health Program forms are to be used by Child Care Centers for the purpose of reporting the development of their written health program in compliance with the regulations for licensure.

The health program must be completed in duplicate and approved prior to licensure and every two years, thereafter. The form incorporates the requirements of 470 IAC 3-4.1.

All items in the forms must be carefully studied and completed by the authorities responsible for the development of the health program. A number of attachments, which are identified in the health program forms, are required. The programs will be reviewed to determine compliance with licensing requirements.

Two (2) completed forms and two (2) sets of attachments (at least one form and one set of attachments must be original) shall be submitted to the Child Care Health Section, Division of Family and Children, Bureau of Child Development, 402 West Washington St., Room W386, Indianapolis, IN 46204.

If the health program is not in substantial compliance with Regulations, both forms and attachments will be returned to the facility for corrections and resubmittal.

STATEMENT OR EXPLANATION REGARDING CONSULTING PHYSICIAN ACTIVITIES

The consulting physician's responsibilities are to assist the Administrator or Director in developing the health policies and procedures and be available for telephone consultation as needed.

The rendering of direct care by the consulting physician is not required by Regulations.

It is expected that all children in child care centers will continue to receive direct medical care from their family physician or clinic.

If health care of children is rendered by the consulting physician, it would be an arrangement between the consulting physician and the child care facility's administration.

HEALTH PROGRAM HELPS

Experiences with health programs indicate the most frequent reasons for not approving submitted health programs are:

1. The lack of the consulting physician's **ORIGINAL** signature and date on the first page.
2. The lack of the consulting physician's **ORIGINAL** signature and date on the written first aid directives.
3. The lack of the consulting physician's **ORIGINAL** signature and date on the first aid supply list if the list contains any type of medications (e.g. *Mercurochrome, Bactine, Ointment, etc.*). Your physician must indicate in writing on the list why you are to give it, how often, how much and the date and sign the list. The signature of the physician on the separate list constitutes a "written order".

If first aid supplies consist of only the usual soap, water and band-aids, just indicating it in the health program is adequate.
4. A sample of the form used for the children's health examination must be submitted. The form must include all of 470 IAC 3-4.1-12 requirements. (*A recommended health form is attached.*)
5. A sample of the form used for employees' and volunteers' health examination must be submitted. The form must include all of 470 IAC 3-4.18(a) requirements. (*A recommended health form is attached.*)
6. All adults counted in the child-staff ratio must have basic first aid training within three (3) months of employment. All adults counted in the child-staff ratio for infants or toddlers must have basic first aid training prior to giving care.
7. All medications must be in a locked container and inaccessible to children. The only exceptions are those medications requiring refrigeration as indicated on the prescription label. Medications not requiring refrigeration are not to be kept in the kitchen or bathrooms.
8. There are only two (2) types of medications which may legally be given by the child care employee: those medications in a prescription container specifically ordered by a physician for the individual child, and those medications for which you have a written order from a physician for the individual child.
9. If providing care for children under two (2) years of age, two (2) Supplement Health Programs for Infant/Toddler care must also be submitted.
10. One (1) copy of each of the required forms or policies must be attached to each health program.

The following have been included for your use:

1. Recommended Child Day Care Center Health Record form.
2. Recommended Adult Physician Examination Health Record form.
3. Suggested First Aid Directives (*must be approved and signed by your physician*).
4. Suggested Skin Care Procedures (*must be completed, approved and signed by your physician*).
5. Suggested First Aid Supply form
6. Medication Order form

Return completed forms to: MS02
Child Care Health Section
Bureau of Child Development
Division of Family and Children
402 W. Washington St., Rm. W386
Indianapolis, IN 46204



HEALTH CARE PROGRAM FOR CHILD CARE CENTERS

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		Date (month, day, year)
Name of child care facility		
Location		County
City	ZIP code	Telephone number (with Area Code) ()
Mailing address (if different from above)		
Name of Director		Name of Owner
Number of children licensed for	Ages licensed for	Hours of operation From: To:

SECTION 1 470 IAC 3-4.1-11 - HEALTH PROGRAM

Definite and specific arrangements have been made for a physician to provide consultation and help maintain an adequate health program. The medical consultation will be provided by:

Name of physician (M.D. or D.O.) (print or type)	Telephone number (with Area Code) ()
This physician has consented to serve as the consulting physician.	
Original Signature of Consulting Physician	Date signed (month, day, year)
Arrangements have been made by the facility and the consulting physician to establish, maintain and review the health program every two years. <input type="checkbox"/> Yes <input type="checkbox"/> No	
This health program is for a <u>proposed</u> facility. <input type="checkbox"/> Yes <input type="checkbox"/> No	This facility's health program has had <u>past</u> approval. <input type="checkbox"/> Yes <input type="checkbox"/> No
The position of the person who is designated to be in charge in the absence of the director, has knowledge of all regulations and is to communicate with state personnel is: _____ Name of position	
An agreement has been established with the hospital which is located <u>closest</u> to the facility for the emergency admission of a child who has a life threatening illness or injury.	
Name of hospital	
Address of hospital	

SECTION 2 470 IAC 3-4.1-12 - PRE-ADMISSION HEALTH PROCEDURES

Physician's Health Examination - Children

A health examination by a physician is required for each child within three (3) months prior to admission, but no later than one (1) month after admission; and the examination includes the following:

1. ☐ Yes ☐ No Health history
 2. ☐ Yes ☐ No Physical examination and progress in development, signed by child's physician
 3. ☐ Yes ☐ No Written statement by physician or parent of immunization history
 4. ☐ Yes ☐ No Exceptions to any of the required immunizations will be permitted only with a physician's written certification.
 5. ☐ Yes ☐ No A written statement by a physician that in the opinion of the physician, the child does not have a health condition that would be hazardous either to the child or to other children in the day nursery if this child participated in the nursery's program of activities
- ATTACH A COPY OF THE FORM USED FOR THE CHILD'S HEALTH EXAMINATION.
6. ☐ Yes ☐ No There will be a written statement by the physician regarding modifications needed in the care of children who may require special attention because of medical conditions (e.g., convulsive disorders, hyperactivity, etc.)
 7. ☐ Yes ☐ No The child will be excluded if any of the above requirements are not met

ATTACH A COPY OF THE FORM USED FOR THE CHILD'S HEALTH EXAMINATION

Periodic Health Examination

Periodic health examinations will be required as follows:

8. ☐ Yes ☐ No Annually for children 2 years of age and younger.
9. ☐ Yes ☐ No More frequently if the child's general condition indicates.
10. ☐ Yes ☐ No When the child has a condition which is potentially hazardous to others.
11. ☐ Yes ☐ No If a child frequently requires separation from the group and special observation for fatigue, illness or emotional upset, a report will be available to parents or guardians; and they will be asked to take the child to a physician for evaluation.

SECTION 3 470 IAC 3-4.1-7 (e)(2) - CHILD'S HEALTH RECORD

Health and medical records are current, on file in the licensed facility for each child and contain the following information:

12. ☐ Yes ☐ No The physician's written instructions regarding any special dietary or other special health care the child may need.
13. ☐ Yes ☐ No A record of all the medications and first aid given the child in the facility.
14. ☐ Yes ☐ No The record includes:
 a. ☐ Yes ☐ No Prescription number or name of medication, amount, time and date given, name of prescribing physician and person who gave the medication.
 b. ☐ Yes ☐ No Description of injury, date and time of first aid treatment and who gave the treatment.
 c. ☐ Yes ☐ No That parents were notified of all accidents.
15. ☐ Yes ☐ No Record of absences due to illness or injury.

SECTION 4 470 IAC 3-4.1-8 - HEALTH EXAMINATIONS FOR PERSONS PERFORMING SERVICES

16. ☐ Yes ☐ No Children are excluded if physical exam and immunizations are not documented within 30 days.
17. ☐ Yes ☐ No Within 3 months prior to employment, employees shall be required to have a complete physical examination.
18. ☐ Yes ☐ No Mantoux tuberculin skin test date and results of the test.
19. ☐ Yes ☐ No Diagnostic chest X-ray if Mantoux test is positive.
20. ☐ Yes ☐ No No person will be allowed to perform any services in the nursery until above is completed.

ATTACH A COPY OF THE FORM USED FOR THE EMPLOYEES' HEALTH EXAMINATION. IT MUST PROVIDE AN AREA TO RECORD RESULTS OF MANTOUX TUBERCULIN TEST, HEALTH HISTORY, ALLERGIES AND CHRONIC HEALTH CONDITIONS.

21. ☐ Yes ☐ No Volunteers, substitutes, student aides and any other personnel having direct contact with the children or providing food service will have the same kind of examination as the employees.
22. ☐ Yes ☐ No Annual Mantoux tuberculin skin tests shall be required of all adults having direct contact with children, including food service personnel.

SECTION 5 470 IAC 3-4.1-11(a)(b) - CONTROL OF COMMUNICABLE DISEASES

23. ☐ Yes ☐ No Staff members and other persons with an illness shall not be permitted to have contact with children nor be permitted to work in a capacity where illness could be transmitted. Ill staff are excluded.
24. ☐ Yes ☐ No Children who are ill upon arrival to the facility shall not be admitted.
25. ☐ Yes ☐ No Children who become ill while in attendance will be isolated, kept under direct supervision and parents notified to take the child home.
26. ☐ Yes ☐ No The isolation room is not used for any other purpose by children while being used as isolation quarters.
27. ☐ Yes ☐ No The cot(s) and other furnishings of the isolation room can be easily sanitized.
28. ☐ Yes ☐ No Toilet and lavatory facilities are located within or near the isolation room
 a. Where is the isolation room located? _____

29. ☐ Yes ☐ No Arrangements have been made to consult the physician or the local health officer for instructions regarding control measures when exposure to a disease has occurred in the child care center
 These measures include the following:
 a. ☐ Yes ☐ No Disinfection of toilet facilities, furnishings and toys or other articles used by the ill child.
 b. ☐ Yes ☐ No Proper disposal of body discharges.
 c. ☐ Yes ☐ No The cot, facilities or articles that have been used by a child suspected of having a communicable disease, will not be used by any other person until properly disinfected or until it is established the child did not have a communicable disease.

SECTION 5 470 IAC 3-4.1-11(a)(b) - CONTROL OF COMMUNICABLE DISEASES (continued)

30. ☐ Yes ☐ No Arrangements have been made to notify all parents and staff members when a child is known to have a communicable disease.
31. ☐ Yes ☐ No Before readmission, the child care staff members will ascertain that the child does not have a condition which would prevent participation in center activities.
32. ☐ Yes ☐ No If pets are kept, they will be nonvicious, free from disease and shall be immunized against rabies, if indicated
33. ☐ Yes ☐ No Animals will be housed in such a manner which prevents injury either to the children or the animals. Turtles will be prohibited

SECTION 6 470 IAC 3-4.1-11(c) - CARE OF ILLNESS AND INJURY

ATTACH A COPY OF THE PHYSICIAN'S WRITTEN DIRECTIVES WHICH THE PHYSICIAN HAS SIGNED AND DATED REGARDING FIRST AID TO BE GIVEN AT THE CENTER

There must be directives for the treatment of hemorrhaging, choking, seizures, poisoning, artificial respiration. *(If licensed for children under 2 years of age, include directives for the treatment for shock in that age group)*

34. ☐ Yes ☐ No First aid directives are posted in every room occupied by children.
35. ☐ Yes ☐ No First aid policies provide for:
- a. ☐ Yes ☐ No All persons counted in the child/staff ratio to have training in basic first aid within three (3) months of providing care and a refresher course every three years thereafter. *(Infant and toddler staff must be trained upon employment)*
 - b. ☐ Yes ☐ No A telephone is provided within the facility and immediately available telephone numbers that include consulting physician, nearest emergency facility, ambulance service, local fire department, dentist and poison control.
- It is recommended that an individual emergency card be kept for each child. The card should include the parent(s) name and telephone number, name and telephone number of a responsible person to call if the parent(s) cannot be reached as well as the child's allergies, doctor, hospital preference and a brief medical history.**
36. ☐ Yes ☐ No The Red Cross First Aid Manual or its equivalent is available.
- a. Give title: _____
 - b. List the first aid supplies the consulting physician has indicated you are to have on hand. _____

 - c. If any medications such as aspirin, ointment, etc., are included in the first aid supplies, the consulting physician's original signature and date must be on the list, as well as why you should give the medication, how much, and how frequently.
Where do you keep the supplies? _____

SECTION 7 470 IAC 3-4.1-11(2)(d) - MEDICATION

37. ☐ Yes ☐ No The health policies include the giving or the application of medication, providing dietary supplements, making special variations in diets and carrying out special medical procedures for any child and will be done only on the written order or prescription from a physician.
- Individual prescriptions:
- a. ☐ Yes ☐ No Are kept in the original containers.
 - b. ☐ Yes ☐ No Have the original pharmacy label showing prescription number or name of medication, date filled, physician's name, child's name and directions for use. *(frequency and amount to be given)*
38. ☐ Yes ☐ No Over-the-counter medications or physician's sample medications have a physician's written order indicating child's name, name of medication, reason for giving, frequency of use, dosage to be given. *(The physician's original signature and date must appear on the written order)*
39. ☐ Yes ☐ No All medications will be kept in a locked cabinet, drawer or box.

Where is the locked cabinet, drawer or box for non-refrigerated medications located? *(This location is not to be in the kitchen or bathroom)* _____

SECTION 7 470 IAC 3-4.1-11(2)(d) - MEDICATION (continued)

40. ☐ Yes ☐ No Medication requiring refrigeration will be stored in a lidded, plastic container, marked "medication".
41. ☐ Yes ☐ No All medication given in the facility will be recorded when medication is given and by whom it is administered.
42. ☐ Yes ☐ No Unused portions of any child's prescription will be correctly disposed of or returned to the child's family.

SECTION 8 470 IAC 3-4.1-11(2)(e) - PERSONAL HYGIENE

43. ☐ Yes ☐ No The facility's schedule provides for supervised washing of hands and face before meals and after using the toilet.
44. ☐ Yes ☐ No Soap is provided at every handwashing sink.
45. ☐ Yes ☐ No Disposable towels are used and are provided in a dispenser at every handwashing sink.
46. ☐ Yes ☐ No Toilet paper is provided in a dispenser at every toilet.
47. ☐ Yes ☐ No If toothbrushes are used, they are stored separately from one another and in a sanitary manner.

SECTION 9 470 IAC 3-4.1-11(2) - GENERAL SAFETY

48. ☐ Yes ☐ No All equipment, materials and furnishings whether for indoor or outdoor use, are sturdy, clean and in a safe condition.
49. ☐ Yes ☐ No All cleaning supplies and hazardous articles are inaccessible to children.
50. ☐ Yes ☐ No All Poisons, chemicals and items labeled "Fatal if Swallowed" are in locked storage.

SECTION 10 470 IAC 3-4.1-15 - DISASTER SAFETY

51. ☐ Yes ☐ No Written, posted procedures for disaster evacuations and shelter within the buildings are posted in all child care areas.

SECTION 11 470 IAC 3-4.1-14(a) - SPACE

52. ☐ Yes ☐ No Clothes-hanging hooks are provided for each child and are spaced far enough apart so that one child's clothing does not touch that of another child. (*Hats and collars, hoods and shoulder area of coats must not touch*)

SECTION 12 470 IAC 3-4.1-10(2) - PHYSICAL CARE

53. ☐ Yes ☐ No Supervised nap periods are provided for preschool children after the noon meal.
54. ☐ Yes ☐ No A firm, portable, narrow, easily-sanitized cot, whose sleeping surface is off the floor, is provided for each preschool child.
55. ☐ Yes ☐ No Cots are maintained in a good state of repair.
56. ☐ Yes ☐ No Cots are spaced two (2) feet apart on all sides.
57. ☐ Yes ☐ No Children lie in such a way that direct face-to-face positions are avoided.
- a. The majority of cots that the facility uses are: (*regular canvas, vinyl, plastic, water-proofed canvas*) _____
- b. The majority are sanitized by the following method: _____
- _____
(*Regular canvas coverings are taken off the frame and washed in bleach and warm water in a clothes washer for 25 minutes.*)
58. ☐ Yes ☐ No A different child uses a different cot each day.
59. ☐ Yes ☐ No The same child uses the same cot each day.
- a. How frequently are cots sanitized? _____
- Each child's blanket is stored:
- b. ☐ Yes ☐ No On individually marked cot
- c. ☐ Yes ☐ No In individually marked cubicle
- d. ☐ Yes ☐ No In individually marked sack

SECTION 13 470 IAC 3-4.1-7(d) - SMOKING

60. ☐ Yes ☐ No Smoking is prohibited in the kitchen, in the presence of children and in areas which will be occupied by children.

SECTION 14 470 IAC 3-4.1-9-2(c) - TWO YEAR OLDS WHO ARE NOT TOILET TRAINED

61. ☐ Yes ☐ No We accept two year old children who are in diapers.

The diaper changing table consists of:

- a. ☐ Yes ☐ No Soft washable (*plastic covered*) pad
- b. ☐ Yes ☐ No A sanitizable table
- c. ☐ Yes ☐ No Clean waterproof, disposable paper which covers the entire pad and is discarded after each use.

62. ☐ Yes ☐ No The diaper changing pad is sanitized when it becomes soiled and at the end of the day.

63. ☐ Yes ☐ No Time of bowel movements is entered on a daily chart.

64. ☐ Yes ☐ No The consulting physician has approved a skin cleansing procedure.

ATTACH A COPY OF THE SKIN CLEANSING PROCEDURE THAT CONTAINS THE CONSULTING PHYSICIAN'S ORIGINAL SIGNATURE AND DATE

65. ☐ Yes ☐ No Caregivers wash their hands before and after diapering children.

66. ☐ Yes ☐ No Soiled diapers shall be kept in a plastic bag in a tightly covered, sanitary container that is inaccessible to children.

67. ☐ Yes ☐ No A supply of diapers shall be available at all times, stored off the floor, and inaccessible to children.

HAVE YOU ATTACHED ONE (1) COPY OF THE FOLLOWING TO EACH PROGRAM?

The form used for the child's health examination

The first aid directives for the care of ill or injured children that have been signed and dated by the supervising physician. These procedures must itemize the care for seizures, choking, hemorrhage, poisoning and artificial respiration. (and shock if licensed for children under 2 years of age.)

The form used for the employee health examination.

Consulting physician signed and dated skin cleansing procedures for diapered 2 year olds.

Signature of: (*check one*) ☐ Owner ☐ President of Board of Directors ☐ Director

Date signed (*month, day, year*)



HEALTH CARE PROGRAM FOR CHILD CARE CENTERS PROCEDURE FOR SKIN CARE - DIAPERING

State Form 45877 (R3 / 10-02) / BCD 0054

CHILDCARE HEALTH SECTION
BUREAU OF CHILD DEVELOPMENT
DIVISION OF FAMILY AND CHILDREN

Objective: To cleanse baby's skin after urination and / or bowel movement.

To insure comfort to baby.

To prevent diaper rash.

Equipment: Waterproof paper (*wax paper*) * _____

Soap for cleaning after bowel movement

Paper towel **for drying only**

Diaper

Tightly covered sanitary containers, lined with plastic (*one for soiled diapers and one for washcloths*).

Disposable gloves

Sanitizing solution (*10% bleach solution or its equivalent*).

- Procedure:**
1. Wash hands with soap and warm water and dry with disposable paper towel.
 2. Gather equipment and put on diapering area.
 3. Spread wax paper on changing table. **Cover entire length and width of pad.**
 4. Pick up baby and place on diapering area.
 5. Put on gloves (*if blood is present, medical disposable gloves must be worn.*)
 6. Release diaper.
 7. Using ankle hold to insure safety, remove soiled diaper.
 8. Place soiled diaper on **wax paper** or into plastic bag.
 9. Gently wash baby's bottom with * _____ downward cleansing, and dry with towel.
Avoid hard rubbing. Baby's skin is very sensitive.
 - To cleanse girls, spread labia apart gently, wash and dry between skin folds (*cleaning **downward only** - cleaning cloth must not touch vaginal area if it has touched rectal area*).
 - To cleanse boys, merely wash and dry. In uncircumcised boy, **never** attempt to pull back the foreskin.
 - Use soap and rinse well if child had bowel movement.
 10. Remove gloves.
 11. Put diaper on child.
 12. Wash child's hands.
 13. Take child to safe area.
 14. If blood is present, put medical gloves on.
 15. Discard soiled diaper, washcloth and towel, and wax paper into tightly covered sanitary container lined with plastic bag.
 16. Sanitize diaper changing pad and table when soiled at least once a day.
 17. Remove gloves and discard in covered container.
 18. **Wash hands with soap and warm water and dry with disposable paper towel.**
 19. Record on child's record and note any unusual observations such as rash, loose bowel movement, bleeding, etc.

* **State what you will use for skin cleansing (*i.e., disposable wipe, terry washcloth, etc.*).**

Signature of physician

Date signed



HEALTH CARE PROGRAM FOR CHILD CARE CENTERS CHILD CARE CENTER HEALTH RECORD

State Form 45877 (R3 / 10-02) / BCD 0054

CHILDCARE HEALTH SECTION
BUREAU OF CHILD DEVELOPMENT
DIVISION OF FAMILY AND CHILDREN

Name of child (<i>last, first</i>)	Date of birth	Admission date
Address (<i>number and street, city, state, ZIP code</i>)		
Child lives with (<i>relationship</i>)	Name	Telephone number

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
Measles		Allergies:	
Rubella (German Measles)			
Chickenpox		Handicapping conditions:	
Mumps			
Scarlet Fever		Other:	
Whooping Cough			
Other: _____			

PHYSICAL EXAMINATION	
Date of exam	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:

Note any unusual findings:

Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (*including sports*)? ☐ Yes ☐ No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

☐ Yes ☐ No

(Over)

HISTORY OF IMMUNIZATIONS AND TEST (*indicate month / day / year*)

	1	2	3	4	5
DTP / DT / Td					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV					

	1	2
Measles		

	1	2
Mumps		

	1	2
Rubella		

	1	2
Varicella		

	1	2	3	4
Pneumococcal (PCV)				

	1	2	3
HBV			

NOTE: To be considered adequately immunized, a child of age twenty-four months should have received four DTP inoculations, three polio inoculations, one inoculation against measles, mumps, and rubella, and at least 3 Hib vaccinations.

Name of physician completing form (<i>please print</i>)	Telephone number
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Signature of physician

ADDITIONAL NOTES AND INSTRUCTIONS



HEALTH CARE PROGRAM FOR CHILD CARE CENTERS RECORD OF ADULT PHYSICAL HEALTH EXAMINATION

State Form 45877 (R3 / 10-02) / BCD 0054

CHILDCARE HEALTH SECTION
BUREAU OF CHILD DEVELOPMENT
DIVISION OF FAMILY AND CHILDREN

Name	Date of birth
Address (number and street, city, state, ZIP code)	

MEDICAL HISTORY					
I. List past hospitalizations / operations / accidents:					
II. Communicable diseases you have had:					
<input type="checkbox"/> Measles	Month / year	<input type="checkbox"/> Scarlet Fever	Month / year	<input type="checkbox"/> Rubella (German Measles)	Month / year
<input type="checkbox"/> Chicken Pox	Month / year	<input type="checkbox"/> Mumps	Month / year	<input type="checkbox"/> Whooping Cough	Month / year
<input type="checkbox"/> Other:					Month / year
III. Conditions (Please explain if present):					
Allergies:					
Chronic health conditions:					
Use of any drugs / medication:					
Why?					

PHYSICAL EXAMINATION		
I. Mantoux TB skin test *	Date	Result (in mm)
Chest X-ray, if above skin test is positive?	Date	Result
Other laboratory test as ordered by physician:		
II. Does this person have any health condition that would be hazardous to the person or to the children in a group setting as a result of participation in normal activities (including sports)?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
If Yes, what modifications of normal activities are necessary?		
III. Have you prescribed any medications and / or special routines (such as diet) which should be included in planning this person's activities?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
Explain:		

Date of exam	Signature of physician
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* Annual testing for tuberculosis is required.



HEALTH CARE PROGRAM FOR CHILD CARE CENTERS SUGGESTED FIRST AID DIRECTIVES

State Form 45877 (R3 / 10-02) / BCD 0054

CHILDCARE HEALTH SECTION
BUREAU OF CHILD DEVELOPMENT
DIVISION OF FAMILY AND CHILDREN

CHOKING

(Conscious) - Stand or kneel behind child with your arms around his waist and make a fist. Place thumb side of fist in the middle of abdomen just above the navel. With moderate pressure, use your other hand to press fist into child's abdomen with a quick, upward thrust. Keep your elbows out and away from child. Repeat thrusts until obstruction is cleared or child begins to cough or becomes unconscious.

(Unconscious) - Position child on his back. Just above navel, place heel of one hand on the midline of abdomen with the other hand placed on top of the first. Using moderate pressure, press into abdomen with a quick, upward thrust. Open airway by tilting head back and lifting chin. **If you can see the object**, do a finger sweep,. Slide finger down inside of cheek to base of tongue, sweep object out but be careful not to push the object deeper into the throat. Repeat above until obstruction is removed or child begins coughing. If child does not resume breathing, proceed with artificial respiration (see below).

Infants - Support infant's head and neck. Turn infant face down on your forearm. Lower your forearm onto your thigh. Give four (4) back blows forcefully between infant's shoulder blades with heel of hand. Turn infant onto back. Place middle and index fingers on breastbone between nipple line and end of breastbone. Quickly compress breastbone one-half to one inch with each thrust. Repeat backblows and chest thrusts until object is coughed up, infant starts to cry, cough, and breathe, or medical personnel arrives and takes over.

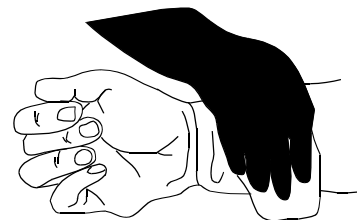


POISONING

Call Poison Control Center (1-800 / 382-9097) immediately! Have the poison container handy for reference when talking to the center. Do not induce vomiting unless instructed to do so by a health professional. Check the child's airway, breathing and circulation.

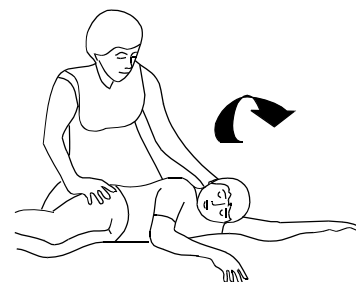
HEMORRHAGING

Use a protective barrier between you and the child (gloves). Then, with a clean pad, apply firm continuous pressure to the bleeding site for five minutes. Do not move / change pads, but you may place additional pads on top of the original one. If bleeding persists, call the doctor or ambulance. Open wounds may require a tetanus shot.



SEIZURE

Clear the area around the child of hard or sharp objects. Loosen tight clothing around the neck. Do not restrain the child. Do not force fingers or objects into the child's mouth. After the seizure is over and if the child is not experiencing breathing difficulties, lay him on his side until he regains consciousness or until he can be seen by emergency medical personnel. After the seizure, allow the child to rest. Notify parents immediately. If child is experiencing breathing difficulty, or if seizure is lasting longer than 15 minutes, call an ambulance at once.



ARTIFICIAL RESPIRATION (*Rescue Breathing*)

Position child on the back; if not breathing, open airway by gently tilting the head back and lifting chin. Look, listen, and feel for breathing. If still not breathing, keep head tilted back and pinch nose shut. Give two full breaths, and then one regular breath every 4 seconds thereafter. Continue for one minute; then look, listen, and feel for the return of breathing. Continue rescue breathing until medical help arrives or breathing resumes.

- * If using one-way pulmonary resuscitation device, be sure your mouth and child's mouth are sealed around the device.

(Modification for infants only) -

Proceed as above, but place your mouth over nose and mouth of the infant. Give light puffs every 3 seconds.

SHOCK

If skin is cold and clammy, as well as face pale or child has nausea or vomiting, or shallow breathing, call for emergency help. Keep the child lying down. Elevate the feet. If there are head / chest injuries, raise the head and shoulders only.



Signature of consulting physician

Date signed



FIRST AID SUPPLY LIST

State Form 45877 (R3 / 10-02) / BCD 0054

CHILDCARE HEALTH SECTION
BUREAU OF CHILD DEVELOPMENT
DIVISION OF FAMILY AND CHILDREN

Soap
Band-aids
Gauze Pads and Tape
Medical Gloves
10% Bleach
One-Way Pulmonary Resuscitation Device (*Artificial Respiration Mask*)
Ipecac - use as directed by Poison Control (1-800-)
(*Keep in locked cabinet*)
Alcohol
Hydrogen Peroxide
Thermometer
Medications, ointments only as follows: (*include name of medicine or skin product, dosage, frequency of use and reason to use for each item listed.*) *

EXAMPLE

1. Tylenol (acetaminophen) - give as directed on bottle every four (4) hours for fever 101° F or higher or for pain.
2. Robitussin - for cough

(*Give according to directions on bottle.*)

Signature of physician (*see note **)

Current date

(*Post with stored medication and supplies*)

* If no medication or ointments are included, physician does not need to sign.



RECORD OF MEDICATION ORDER

State Form 45877 (R3 / 10-02) / BCD 0054

CHILDCARE HEALTH SECTION
BUREAU OF CHILD DEVELOPMENT
DIVISION OF FAMILY AND CHILDREN

All medications, medicinal products, physician's sample medications, and medicinal skin care products given or used at a child care center must include the exact name of medication, dosage to be given, time to be given and reason for use. (*If used for fever, the degree of temperature must be stated.*) A physician's order is valid for one year.

1. Name of child	Exact name of medication	
Dosage to be given	Time to be given (<i>frequency</i>)	
Reason for use:		
Signature of physician		Date (<i>month, day, year</i>)

2. Name of child	Exact name of medication	
Dosage to be given	Time to be given (<i>frequency</i>)	
Reason for use:		
Signature of physician		Date (<i>month, day, year</i>)

3. Name of child	Exact name of medication	
Dosage to be given	Time to be given (<i>frequency</i>)	
Reason for use:		
Signature of physician		Date (<i>month, day, year</i>)

4. Name of child	Exact name of medication	
Dosage to be given	Time to be given (<i>frequency</i>)	
Reason for use:		
Signature of physician		Date (<i>month, day, year</i>)

5. Name of child	Exact name of medication	
Dosage to be given	Time to be given (<i>frequency</i>)	
Reason for use:		
Signature of physician		Date (<i>month, day, year</i>)